

**KAISER SAURBORN & MAIR, P.C.**  
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June 6, 2016

RECEIVED

BY ECF

Hon. Peter G. Sheridan, U.S.D.J.  
Clarkson S. Fisher Building & U.S. Courthouse  
402 East State Street  
Trenton, New Jersey 08608

Re: Antogiovanni v. Millennium Healthcare Inc.  
Case No. 3:16-cv-00483-PGS-TJB

Dear Judge Sheridan:

I am in receipt of the Clerk's Notice of Call for Dismissal filed on June 3, 2016. Please be advised that on February 8, 2016, a petition for involuntarily bankruptcy was filed against Millennium Healthcare Inc. in the United States Bankruptcy Court for the Eastern District of New York, which has been assigned docket number 8-16-70504-reg (a copy of the first page of the petition is annexed).

Because it is our understanding that the automatic stay pursuant to 11 U.S.C. § 362(a)(1) applies to the instant action, the plaintiff has taken no action to proceed to seek a default. Likewise, because of the automatic stay, I would expect that the Court will take no action to dismiss or otherwise proceed with this action until the stay has been lifted.

Very truly yours,

Very truly yours,

Henry L. Saurborn, Jr.

HLS/sb

## attachment

cc: Clerk of Court

Fill in this information to identify the case.

United States Bankruptcy Court for the:

EASTERN District of NEW YORK  
(State)

Case number (if known): \_\_\_\_\_ Chapter 7

Check if this is an  
amended filing

Official Form 205

## Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

### Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the  
Bankruptcy Code

Check one:

Chapter 7  
 Chapter 11

### Part 2: Identify the Debtor

2. Debtor's name

MILLENNIUM HEALTHCARE, INC.

3. Other names you know  
the debtor has used in  
the last 8 years

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Include any assumed  
names, trade names, or  
doing business as names.

4. Debtor's federal  
Employer Identification  
Number (EIN)

Unknown  
1 1 - 3 2 2 9 3 5 8  
EIN

5. Debtor's address

68 South Service Road  
Number Street

Number Street

Suite 100

P.O. Box

Melville  
Suffolk  
City

NY 11747  
State ZIP Code

City State ZIP Code

Location of principal assets, if different from  
principal place of business

County

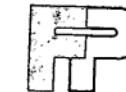
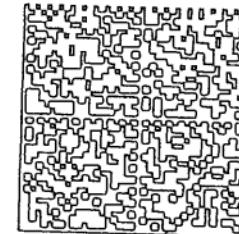
Number Street

City State ZIP Code

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6/9/2016



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